10253

10254

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Ca. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood 02X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Maria (Middle) Stanforth (Last) Cornelius

4. DATE OF DEATH (Month) Nov (Day) 20 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 12, 1860
9. AGE last birthday 94 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Deep Landing, Calvert Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dr. Richard Stanforth
14. MOTHER'S MAIDEN NAME Martha Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Hal Nye, Harwood, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Hypertensive cardiovascular disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1949, to 11/19, 1954, that I last saw the deceased alive on 11/15, 1954, and that death occurred at 12 45 P.M., from the causes and on the date stated above.

SIGNATURE J. Weems (Degree or title) Mo ADDRESS Huntingtown DATE SIGNED 11/20/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 22, 1954
NAME OF CEMETERY OR CREMATORY Christ Church
LOCATION (City, town, or county) Owensville Md (State)

DATE REC'D BY LOCAL REG. Nov. 21, 1954
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Hardesty Funeral Home, Galesville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
29 1954
BUREAU V. S.

RECEIVED
29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10254

10255 CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Prince Frederick X
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Derene

4. DATE OF DEATH: (Month) November (Day) 1, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W. Owned

8. DATE OF BIRTH: July 17, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 3 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Davis

14. MOTHER'S MAIDEN NAME: Margaret Boyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 Yrs (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 579-46-4512

17. INFORMANT & ADDRESS: Helen Derene, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

544.2
Immediate cause (a) Cerebral embolism — 7 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Intracranial upset — 10 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) C — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Nov 1, 1954, that I last saw the deceased alive on Nov 1, 1954, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS [illegible] DATE SIGNED 11/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 5 1954 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. — LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 11-4-54 — REGISTRAR'S SIGNATURE A.W. Ward

24. FUNERAL DIRECTOR G. A. Harkness & Son - Mutual — ADDRESS Md

RECEIVED
NOV 5 1934
BUREAU V. S.

10255

10256

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH COUNTY: Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Lusby, Md. COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lusby X — LENGTH OF STAY (in this place): 2 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓ X	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) Hortence (Last) Godon

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Nov. 22 1856

9. AGE last birthday: 98 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Paris - France

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Delaporte

14. MOTHER'S MAIDEN NAME: Jeanne Leroix

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) ✓

16. SOCIAL SECURITY No.: ✓

17. INFORMANT AND ADDRESS: Mrs Adele Strang - Lusby, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Cardiac Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility — —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓ 0

19b. MAJOR FINDINGS OF OPERATION: ✓

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ✓ (CITY OR TOWN) ✓ (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓

INJURY OCCURRED While at Work ☐ Not While At work ☑ ✓

HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 11/19, 1954, to —, 19....., that I last saw the deceased alive on 11/19, 1954, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE: E. S. Coster - M.D. (Degree or title) — ADDRESS: Solomons, Md. — DATE SIGNED: 11/21/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 11/22/54

NAME OF CEMETERY OR CREMATORY: St Paul M.E. Church

LOCATION (City, town, or county) (State): Lusby - Maryland

DATE REC'D BY LOCAL REG.: 11/21/54

REGISTRAR'S SIGNATURE: Dr E. S. Coster

24. FUNERAL DIRECTOR: A. A. Harkness, Inc. — ADDRESS: Mutual Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10256

10257 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelina X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Adelina
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Etta (Middle) C. (Last) Gross

4. DATE OF DEATH: (Month) 11 - (Day) 8, (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, (WIDOWED) DIVORCED. (Specify):
8. DATE OF BIRTH: ?
9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Height
14. MOTHER'S MAIDEN NAME: Carrie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mary Brooks Adelina, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH 10 months 1953

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of ascending colon — 1952

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Oct 1952
19B. MAJOR FINDINGS OF OPERATION Carcinoma of ascending colon
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952 to ....., 19....., that I last saw the deceased alive on Nov 8, 1954, and that death occurred at 11 P. M, from the causes and on the date stated above.

SIGNATURE Page Jett M. D. ADDRESS Prince Frederick DATE SIGNED 11/10/54

23. BURIAL CREMATION REMOVAL (SPECIFY) DATE THEREOF 11-11,54 NAME OF CEMETERY OR CREMATORY Carrolls LOCATION (City, town, or county) Barstow (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-10-54 REGISTRAR'S SIGNATURE H W Ward
24. FUNERAL DIRECTOR P. E. Sewell Prince Fred. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
NOV 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10257

10258 CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Pr Frederick X
LENGTH OF STAY (in this place) 45 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County 20 Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Island Creek X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) S (Last) Hall

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 29, 1886

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert County

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. F. Bowen

14. MOTHER'S MAIDEN NAME: Betty Williams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 460

17. INFORMANT & ADDRESS: Mrs. Leone Williams - Island Creek, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

153X

Immediate cause (a) Carcinoma of Pancreas — 1 4 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2 30 pm....., from the causes and on the date stated above.

SIGNATURE Page Hall (Degree or title) — ADDRESS Prince Frederick — DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 25, 1954 — NAME OF CEMETERY OR CREMATORY Christ Church Cem. — LOCATION (City, town, or county) Port Republic — (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-24-54 — REGISTRAR'S SIGNATURE A. W. Ward

24. FUNERAL DIRECTOR C. A. Harkness & Son — ADDRESS Mutual, Md

VS. A15

RECEIVED
NOV 26 1954
BUREAU V. S.

10258

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10259 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Costers X
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —— X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Costers X
STREET ADDRESS (If rural give location) ——

3. NAME OF DECEASED: (Type or Print) (First) Axel (Middle) Herman (Last) Hiortdahl
4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Jan. 14, 1886
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months 10 Days 0 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Mail Service
11. BIRTHPLACE (State or foreign country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frith Hiortdahl
14. MOTHER'S MAIDEN NAME: Josephine Pring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Sarah Jane Hiortdahl - Costers, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 976X (A) Gun shot wound of head

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Had been sick mentally (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION ——
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
21C. WHERE DID INJURY OCCUR? (City or town) Home (County) Calvert (State) Md

21D. TIME OF INJURY (Month) 11/14/54 (Day) (Year) (Hour) 11:30 A.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Shot self

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19..., that I last saw the deceased alive on ....., 19..., and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS [signature] DATE SIGNED [signature]

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial
DATE THEREOF Nov. 17, 1954
NAME OF CEMETERY OR CREMATORY Middleham Chapel
LOCATION (City, town, or county) Lusby, Calvert Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/15/54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - ADDRESS Mutual, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
NOV 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10259

10260 **CERTIFICATE OF DEATH** Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Beach X
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 905-Atlantic Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Beach X
STREET ADDRESS (If rural give location) 905-Atlantic Ave

3. NAME OF DECEASED: (Type or Print) (First) Ann (Middle) Cecelia (Last) McFadden
4. DATE OF DEATH: (Month) (Day) (Year) 11-10-1954

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 26, 1871
9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Deleware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hanson
14. MOTHER'S MAIDEN NAME: Mary Martin

15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Edward McFadden - 905-Atlantic Ave North Beach

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

IMMEDIATE CAUSE (A) Hypertensive cardio vas rural disease

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11, 1949, to 11/10, 1954, that I last saw the deceased alive on 11/10, 1954, and that death occurred at 4 23 A M, from the causes and on the date stated above.

SIGNATURE A. Weems. ADDRESS M. D. Huntingtown Md. DATE SIGNED 11/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-13-1954
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 11/10/54
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Timothy Hanlon
ADDRESS 3831-Ga Ave N.W

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
NOV 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10260

10261 CERTIFICATE OF DEATH

Reg. Dist. No. 51

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) (Last) Reed

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: Aug 29 1918 | 9. AGE Last birthday: 36 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lawrence Reed | 14. MOTHER'S MAIDEN NAME: Levi Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 220-07-1312 | 17. INFORMANT & ADDRESS: Artusa Reed wife Sunderland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Crushed chest — 2 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Shock — 4 hrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Person fell from a truck

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway | (CITY OR TOWN) Owens Point | (COUNTY) Calvert | (STATE) Md

TIME OF INJURY (Month) 11 (Day) 26 (Year) 54 (Hour) 4:30 P.M. | INJURY OCCURED While at Work ☐ Not While At Work ☒ | HOW DID INJURY OCCUR? Was thrown from a truck

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 8:10 A.M., from the causes and on the date stated above.

SIGNATURE H. W. Ward D.C. (Degree or title) ADDRESS Owens Md DATE SIGNED 11/26/54

23. (BURIAL, CREMATION, REMOVAL (Specify)) | DATE THEREOF 11-29-54 | NAME OF CEMETERY OR CREMATORY St Edmonds | LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-29-54 | REGISTRAR'S SIGNATURE H. W. Ward | 24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick Md

VS. A15

RECEIVED
NOV 30 1954
BUREAU V. S.

10262 10261

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Prince X LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Prince X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) D (Last) Rice
4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept 13 1899
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joe Rice
14. MOTHER'S MAIDEN NAME: Lonie Coates
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ellen Rice

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Hemorrhage 2 hrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)
331X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hard of hearing & deaf

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Home
21c. (City or town) Prince (County) Calvert (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11 8 54 10:30 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE H W Ward D M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 11-12-54 NAME OF CEMETERY OR CREMATORY Mt Hope LOCATION (City, town, or county) Calvert (State) Md
DATE REC'D BY LOCAL REG. 11-10-54 REGISTRAR'S SIGNATURE H W Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick, Md

RECEIVED
NOV 15 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10262

10263

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby (rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) T. (Last) Stinnett

4. DATE OF DEATH: (Month) Nov. (Day) 20, (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Oct. 27, 1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR: Months 0 Days 23 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Calvert County Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Stinnett

14. MOTHER'S MAIDEN NAME: Mary Cochran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Mattie G. Stinnett - Lusby, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) Cachexia (Carcinomatosis)

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Ca of Stomach DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 19 54, to Nov 20, 19 54, that I last saw the deceased alive on Nov 20, 19 54, and that death occurred at — M, from the causes and on the date stated above.

SIGNATURE R. W. Williams M.D. ADDRESS St Leonard DATE SIGNED 11/22

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Nov. 23, 1954 NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery LOCATION (City, town, or county) (State) Prince Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR 11-22-54 REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR C. A. Harkness & Son ADDRESS Prince Frederick, Md.

RECEIVED
NOV 23 1934
BUREAU V. S.

DEC 2 1954

10263

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10264

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowens X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowens X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) B. (Last) Wood

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Feb. 19 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months 9 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert Co Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Tucker

14. MOTHER'S MAIDEN NAME: Annie White

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Clifton Wood - Bowens, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1954, to 11/26, 1954, that I last saw the deceased alive on 11/26, 1954, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 2 1954 — NAME OF CEMETERY OR CREMATORY Asbury Cemetery — LOCATION (City, town, or county) (State) Barstow Md.

DATE REC'D BY LOCAL REGISTRAR 12-2-54 — REGISTRAR'S SIGNATURE A. W. Ward

24. FUNERAL DIRECTOR C. A. Hudnall & Son, Mutual, Md. ADDRESS

RECEIVED
DEC 3 1954
BUREAU V. S.